

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050478

STATE FILE NUMBER

Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 159

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

Scotland

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Memphis

Length of stay in 1b

8 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

N. Market St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Scotland

c. CITY

OR TOWN Memphis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

North Market Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Maurice

Independence

Smithers

4. DATE

OF

DEATH

Month

Day

Year

December 12, 1963

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married ☐

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

7/4/72

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Professional

11. BIRTHPLACE (City and state or country)

Macomb, Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William T. Smithers

13b. MOTHER'S MAIDEN NAME

Hannah Usher

14. NAME OF HUSBAND OR WIFE

Daisy E. Smithers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Faye Smoot

Address

Memphis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 4 63 to Dec 12 63 and last saw him alive on Dec 12 1963  
Death occurred at 1 45 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A.M. Zeethler D.O.

22b. ADDRESS

Memphis, Mo.

22c. DATE SIGNED

12-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/14/63

23c. NAME OF CEMETERY OR CREMATORY

Bushnell T'wnship Cem.

23d. LOCATION (City, town, or county)

Bushnell,

Illinois

24. FUNERAL DIRECTOR

ADDRESS

D. W. Payne & Sons Memphis, Mo.

25. DATE RECD. BY LOCAL REG.

12-13-63

26. REGISTRAR'S SIGNATURE

Vera G. Pinner

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10990

20990

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by P. E. Payne, Student Embalmer No. 701  
working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.